

Name in Full

Certificate of Death

Margarett Adams
 Town *near Taneytown* County *Carroll* MARYLAND

Died at

Date 19 *03* Month *10* Day *27* Y. *72* M. *72* D. *72* Native of *md.* Occupation *housewife*

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

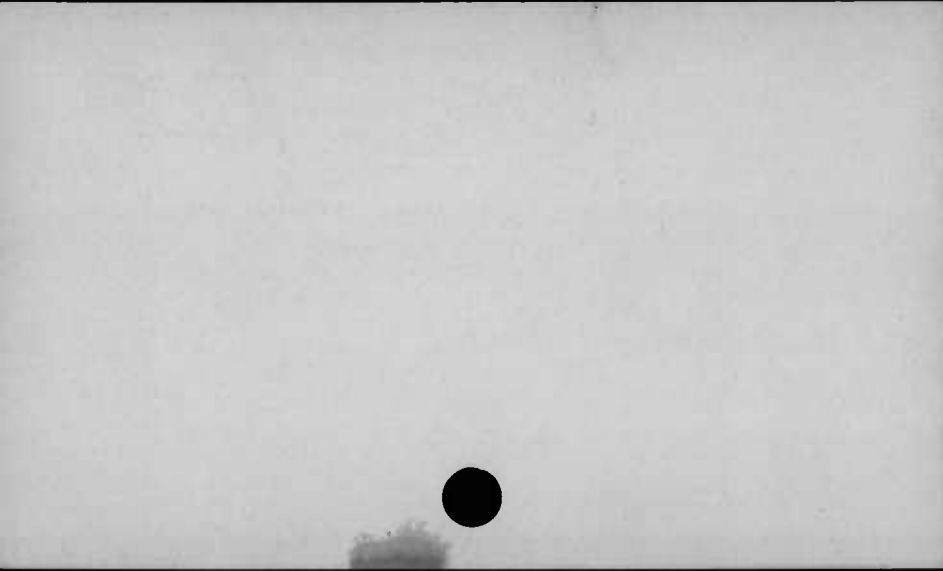
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

W³ Eliza Ellie May Barnes

Died at ^{Town} Springfield State Hospital ^{County} Lykensville Carroll County MARYLAND

Date 1903 Month 10 Day 2 Age 18 Y. M. D. Native of Md Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ☒ ~~Colored~~ Single ☒ ~~Widower~~ Number of children living —

Husband
 of —

Father's Name Richard S. Barnes Mother's Name Susan E. Barnes

Cause of Death { Primary Phtisis Pulmonalis
 Immediate Exhaustion
 How long sick 3 months
 Accident, Suicide, Homicide

Reported by John Norfolk Morris M.D.

Address Springfield Hospital Lykensville Carroll Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name in Full

Certificate of Death

Caroline V. Billmyer.

Town

County

Died at Near Uniontown

Carroll

MARYLAND

Date 1903.

Month Day

Oct. 15.

Age

Y. M. D.
80. 6. 18

Native of

Maryland

Occupation

House wife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

3.

Husband of

Wife

Father's

Name

Jacob Billmyer.

Mother's

Maiden Name

Mary Whitehill

Cause of

Primary

Peritonitis

Death

Immediate

How long sick

3 Weeks.

Accident, Suicide, Homicide

Reported by

Luther Kemp

Address

Uniontown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79904



Name In Full

Certificate of Death

Died at

Absalom Birler

Town

County

Greenmouth

@ Carroll

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

93 Oct 26

Age

68, 4, 13

America Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Papalicio

How long sick

4 years

Death

Immediate

General debility

Accident, Suicide, Homicide

Reported by

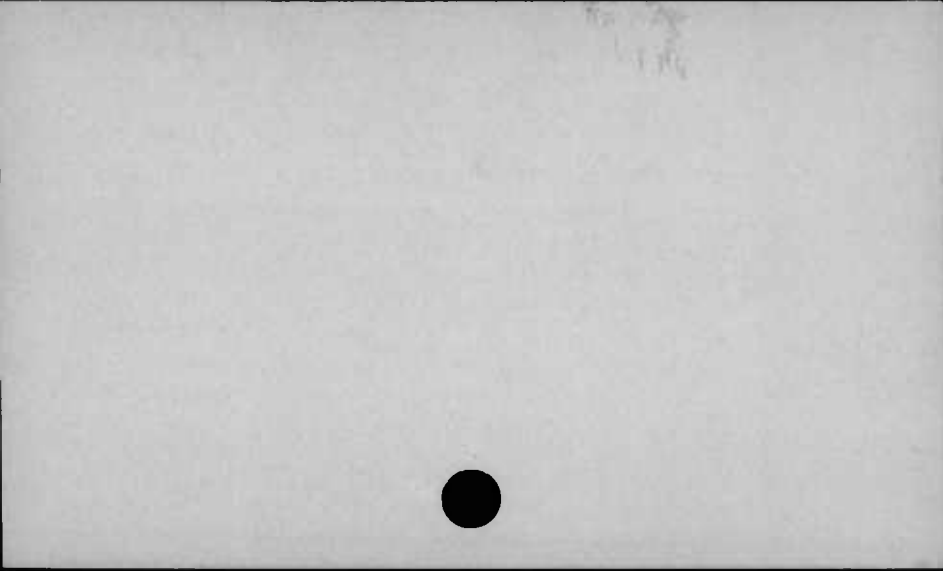
J. O. Preston

Address

Manchester

Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harry Coppersmith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

42

Died at near <i>Smallwood</i>		Town		County <i>Carroll</i>		MARYLAND	
Date of death	1903	Month	Oct	Day	23	Age	Years — Months — Days <i>Still Born</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Med</i>
Occupation				Where Residing If not at place of death			
Married, Single or Widowed		<i>single</i>		Name of Wife or Husband		<i>S.</i>	
Father's Name		<i>Ezra Coppersmith</i>		Father's Birthplace		<i>Smallwood</i>	
Mother's Maiden Name		<i>Barbra Williams</i>		Mother's Birthplace		<i>IL</i>	
Name of person giving Information		<i>Ezra Coppersmith</i>		How related to deceased		<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	<i>—</i>
Immediate	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
<i>Yes</i>	<i>John S. Mathias</i>	
	Address	
	<i>Westminster</i>	
	<i>MD.</i>	
Accident or Suicide?		

Small Wood Cemetery.

Flower

Name in Full		Moody B Cox						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Springfield State Hospital -		County		Carroll Co. MARYLAND		
	Date of death 190		3	Month	10	Day	16	Years	34
	Sex		male		Color or Race		white		
	Birth- place		N. Carolina		Occupation				
	Married, Single or Widowed				Name of Wife or Husband				
	Father's Name		Abraham Cox		Father's Birthplace		N.C.		
Mother's Maiden Name		Martha L. Cox		Mother's Birthplace		N.C.			
Name of person giving In formation		Hospital records		How related to deceased					
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Pneumonia (Lobar)				How long		2 wks.
	Immediate		Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above?		To best of my knowledge		Signature of Physician		Chas J. Carey M.D.		
	Accident or Suicide?		No		Address		Sykesville Md.		



Name
in
Full

Lorenzo D. Bushing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Marfieldsburg		County Carroll		MARYLAND	
Date of death	1903	Month Oct	Day 30	Age 73	Years	Months 8	Days
Sex	Male		Color or Race	White		Birth- place	Carroll Co
Occupation	Laborer			Where Residing if not at place of death Home			
Married, Single or Widowed	Married		Name of Wife or Husband	Emily J. Bushing			
Father's Name	Joseph Bushing					Father's Birthplace	
Mother's Maiden Name	Susan Franklin					Mother's Birthplace	
Name of person giving Information	Emily J. Bushing					How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Lesion Heart		How long	3 years
Immediate	Heart Failure		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	B. G. Franklin M.D.
			Address	Westminster
Accident or Suicide?				Ind

64- Stone chapel cemetery.

Stones

Name In Full

Certificate of Death

Elizabeth Devilbiss

Town

County

Died at

MARYLAND

1903 Month Day Y. M. D. Native of Occupation

Date 189 30 Oct 30 Age 44

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living None

Husband of

Wife of Edward Devilbiss

Father's Name Peter Engle

Mother's Name Lizzie Engle

Cause of Primary Paralysis How long sick

Death Immediate Accident, Suicide, Homicide

Reported by H Bankard Undertaker

Address New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Geo Brown
of New Windsor

seen by Coroner _____
of _____

Information contained in this certificate
received from _____
of _____

Name
in
Full

Martha Jane Flater

CERTIFICATE OF DEATH

414

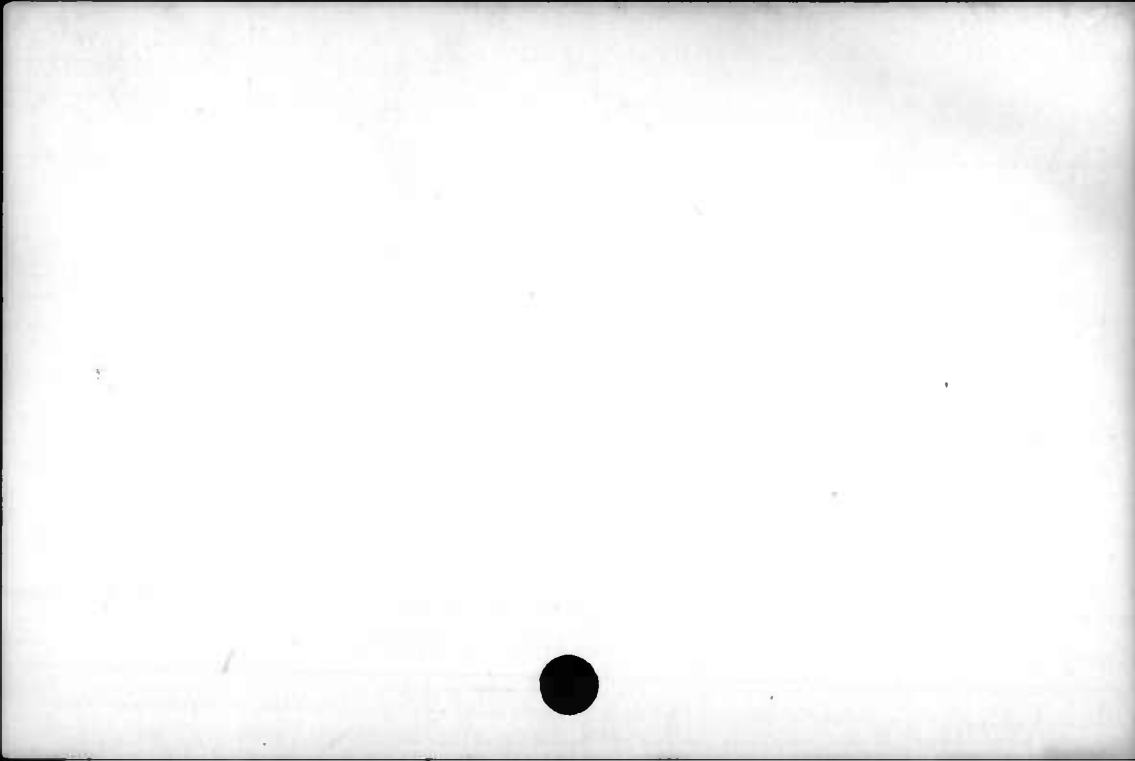
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandyville</i> ^{town}		County <i>Carroll</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>7</i>	Age <i>62</i>	Months <i>3</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Flater</i>				
Father's Name <i>Jacob Bloom</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Hitchew</i>	Mother's Birthplace <i>Ido</i>				
Name of person giving Information <i>Wm Flater</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dilated Heart</i>	How long <i>1 year</i>
Immediate <i>Heart Failure</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. T. Hering</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name in Full

Certificate of Death

George Fritz

Town

Hanks Hill

County

Carroll Co

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

30 Oct 30

Age 67

Farmer

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

79

Cause of

Primary

How long sick

Death

Immediate

Heart Trouble

Accident, Suicide, Homicide

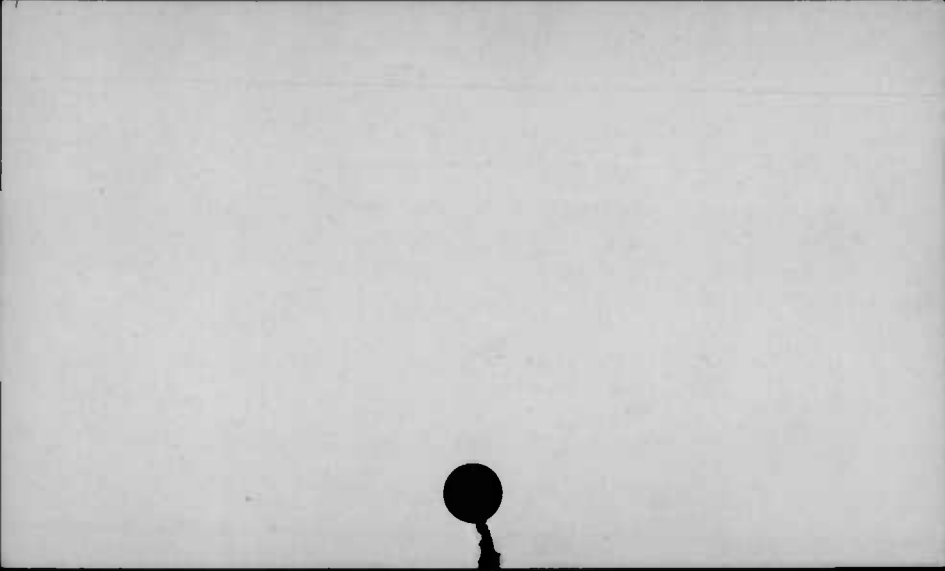
Reported by

H Bankard Undertaker

Address

New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ruth Gosnell

Town

County

Died ~~at~~ near Eldersburg. Carroll

MARYLAND

Date 1903. Oct. 23 | Age 1 8 20 | Native of Md. | Occupation none
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living —

Husband of —

Wife —

Father's Name John Gosnell

Mother's Name Alice Thompson

Cause of Death { Primary Improper feeding.

Death { Immediate Marasmus.

How long sick

6 weeks

~~Accident, Suicide, Homicide~~

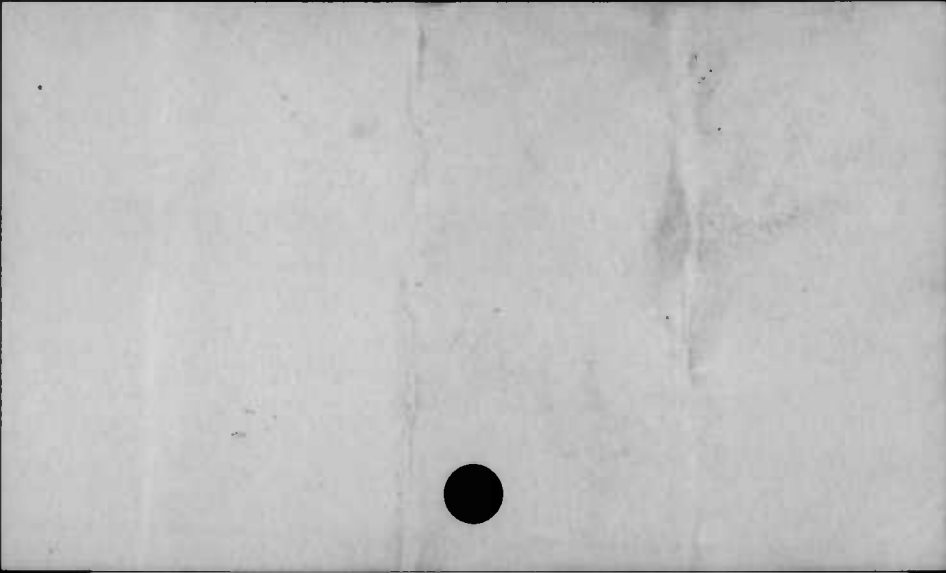
Reported by

M D Morris. M.D.

Address

Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Emma J. Horn

CERTIFICATE OF DEATH

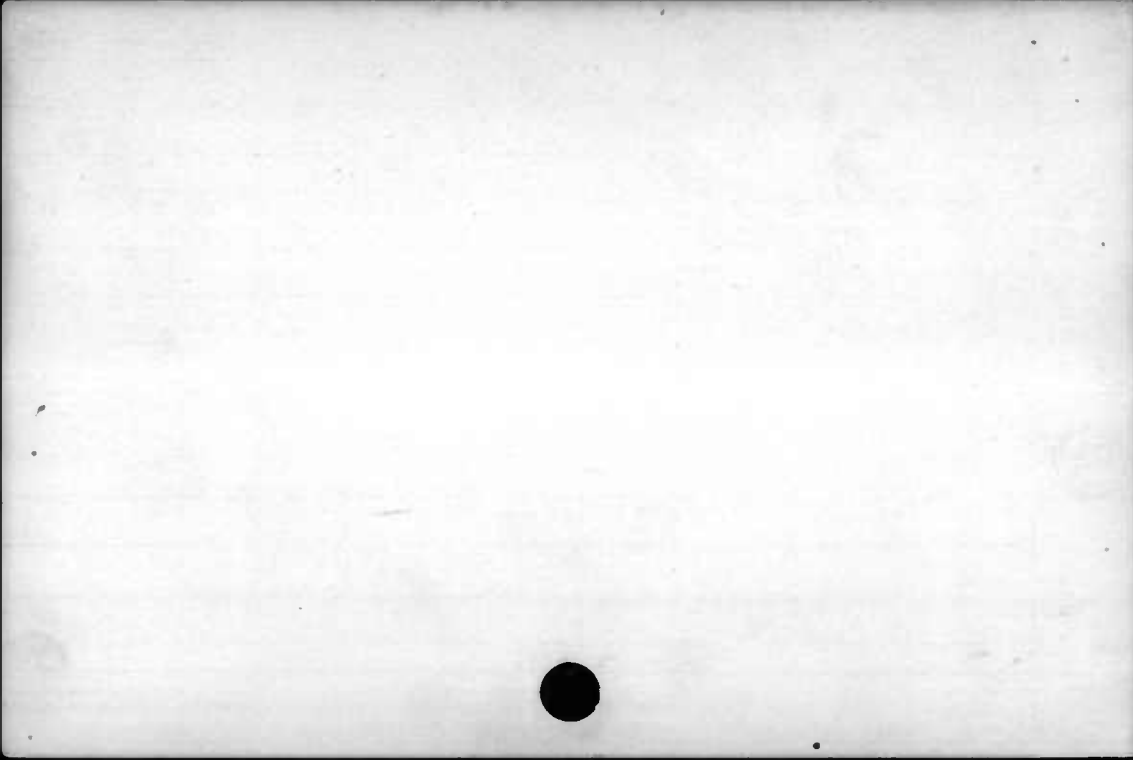
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snydersburg</i> <small>Town</small>		<i>Carroll</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>12</i>	Age <i>1</i>	Years <i>10</i>	Months <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Snydersburg</i>			
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband _____					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 weeks</i>
Immediate	<i>Marasmus</i>	How long	<i>2 1/2 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Sherman</i>	
		Address <i>Manchester, Ind</i>	
Accident or Suicide? <i>1</i>			



Killie B. Krebs

Died at *near Markers Mill* Town *Carroll* County *MARYLAND*

Date 1903 *10 22* Month *10* Day *22* Age *34-2-23* Y. M. D. Native of *md.* Occupation *Seamstress*

☒ Male ☐ White ☒ Married ☐ Widowed ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of _____
 Wife _____
 Father's Name *John R. Krebs* Mother's Name *J. Ellen Duttrera*
 Maiden Name

Cause of Death { Primary *Consumption* How long sick *one year*
 Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *H. H. Seiss, M.D.*

Address *Taneytown. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *James Warren Luthicum*

CERTIFICATE OF DEATH

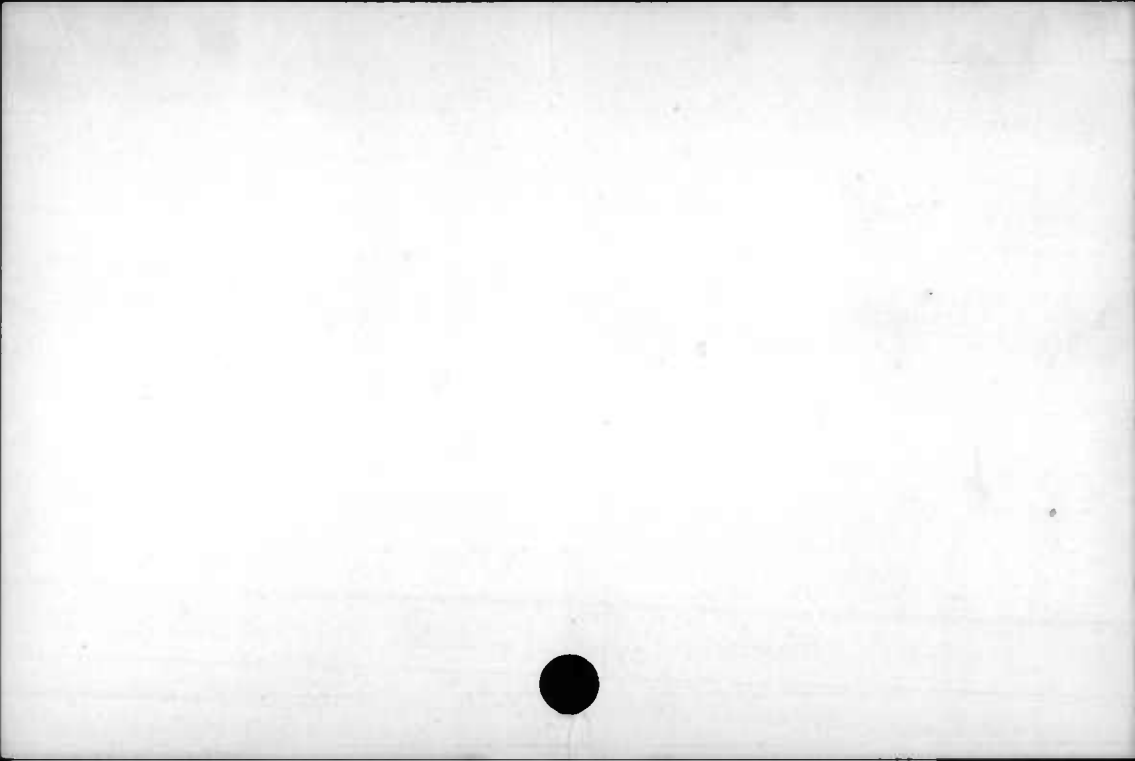
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leann County</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>26</i>	Age <i>33</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Fredrick Co</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Engineer</i>				
Name of Wife or Husband					
Father's Name <i>Wm Thomas Luthicum</i>	Father's Birthplace <i>Fredrick Co.</i>				
Mother's Maiden Name <i>Sarah E. Luthicum</i>	Mother's Birthplace <i>Fredrick Co.</i>				
Name of person giving information <i>Leibeth W. Luthicum</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accident</i>	How long
Immediate <i>Scalded</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Harry F. Lowley</i>
	Address <i>Cornier</i>
Accident or Suicide? <i>Accident</i>	<i>near Sykesville - Md</i>



Name
in
Full

Mary E. McCollister

CERTIFICATE OF DEATH

Died at <i>Lykensville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>24</i>	Age <i>66</i>	Years <i>66</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>Charles McCollister</i>			Father's Birthplace <i>S.</i>		
Mother's Maiden Name <i>Catherine Bodwin</i>			Mother's Birthplace <i>S.</i>		
Name of person giving information <i>Charles McCollister</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

Primary <i>Senile Dementia</i>	How long <i>over 5 years</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris</i>
	Address <i>Springfield State Hospital, Lykensville, Carroll, Ind.</i>
Accident or Suicide? <i>No</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Warfieldsburg</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>7</i>	Age	Years	Months <i>4</i> Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Warfieldsburg</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>				
Name of Wife or Husband					
Father's Name <i>George M. Owens</i>			Father's Birthplace <i>Warfield, Md.</i>		
Mother's Maiden Name <i>Martty Caple</i>			Mother's Birthplace <i>Shilby, Pa.</i>		
Name of person giving information <i>Geo. M. Owens</i>			How related to deceased <i>Taller</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>about 2 days</i>
Immediate <i>Spasms</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. M. Stover</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>No</i>	

Der Park Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

Chas J Reefersider

Town

County

Died at

Westminster

Crown

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

3

Oct.

11

Age

63

Sex

Male

Color or
Race

White

Birth-
place

Westminster Md

Married, Single
or Widowed

Married

Occupation

Atty at Law

Name of Wife or
~~Husband~~

Elizabeth Smith

Father's
Name

Jessie Reifensunder

Father's
Birthplace

Maryland

Mother's
Maiden Name

Afraloria Zacharias

Mother's
Birthplace

Geo

Name of person giving
In formation

John M Reefersider

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Acute Indigestion & Heart disease

How long

4 weeks

Immediate

Angina Pectoris

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Jas. H. Billingslea

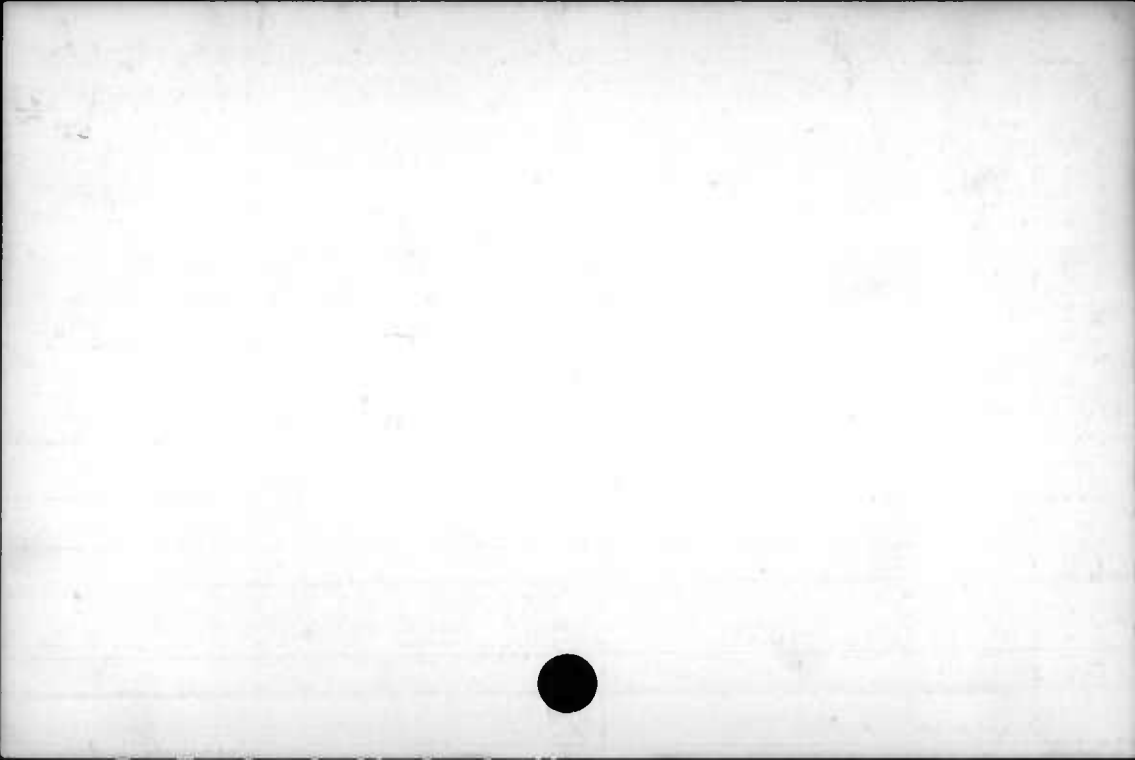
Address

Westminster Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Alexia</i>		County <i>Carroll</i>		MARYLAND					
Date of death 1903		Month <i>Oct</i>		Day <i>9</i>		Age Years <i>76</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>not known</i>							
Married, Single or Widowed <i>single</i>		Occupation <i>White Washer</i>									
Name of Wife or Husband											
Father's Name						Father's Birthplace <i>79</i>					
Mother's Maiden Name						Mother's Birthplace					
Name of person giving in formation <i>Jacob H. Blocher</i>						How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>6 hours</i>	
Immediate <i>Heart Trouble</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Sherman M.D.</i>	
<i>To the best of my knowledge</i>		Address <i>Manchester Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

William Henry Sayers

Town

County

Died at *Smallwood*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

*Oct**12*

Age

*21**2**23*

Sex

*Male*Color or
Race*White*Birth-
place*District of Columbia*Married, Single
or Widowed*Married*

Occupation

*Laborer*Name of Wife or
Husband*Sarah E Hamilton*Father's
Name*James Sayers*Father's
Birthplace*England*Mother's
Maiden Name*Ellen McDonald*Mother's
Birthplace*Scotland*Name of person giving
Information*Ivin Sayers*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Paralysis

How long

4 weeks

Immediate

Same

How long

*same*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*S. N. Gorsuch M.D.*

Address

*Gamber**M.D.*~~Accident or Suicide?~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

417



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Union Mills* Town *Union Mills*County *Cecil*Date
of death 1903

Month

October

Day

9th

Age

Years

66

Months

Days

19

Sex

*Male*Color or
Race*White*Birth-
place*Silver Run, Md*Married, Single
or Widowed

Occupation

*Farmer*Name of Wife or
Husband*Rebecca Study*Father's
Name*John Sunday*Father's
Birthplace*Md*Mother's
Maiden Name*Louisa Baker*Mother's
Birthplace*Md*Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Angina Pectoris

How long

One Day

Immediate

Heart Failure

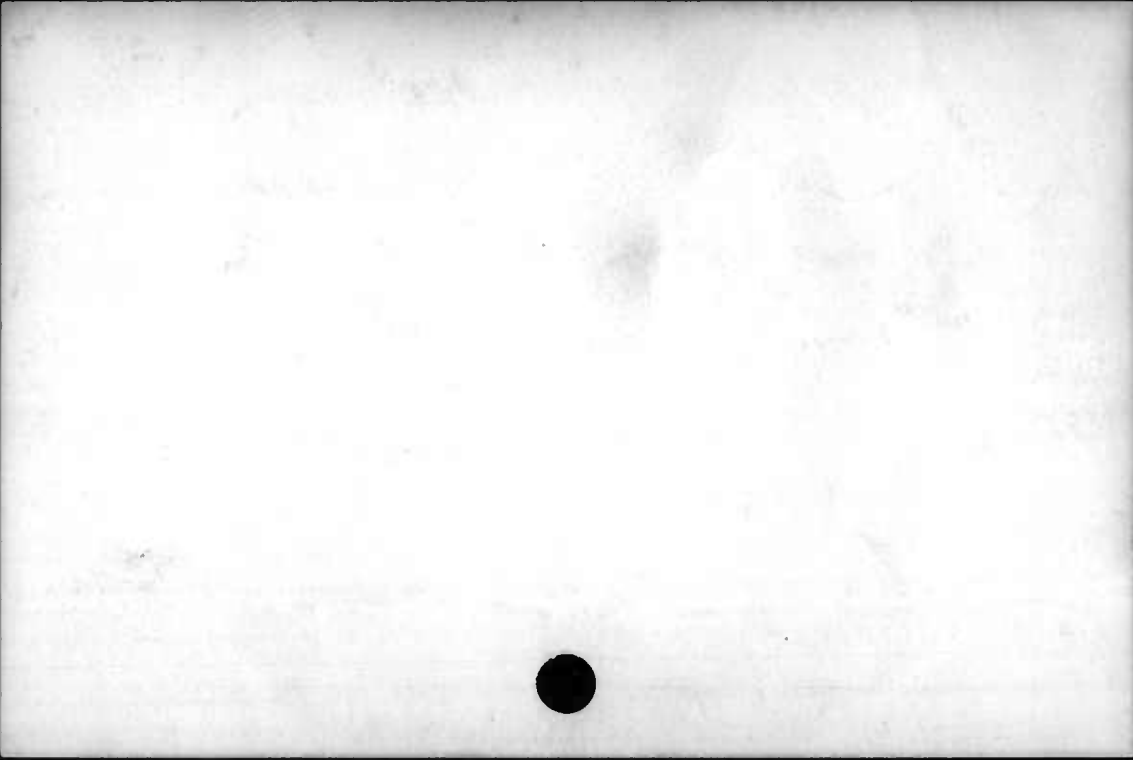
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. J. Stewart
Union Mills, Md*

Accident or Suicide?



Name in Full

Certificate of Death

Grover Adlai Patermahlen

Town

County

Died at

MARYLAND

Pleasant Valley Carroll

Date 1903 Oct 24th Age 10. 10. 13

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

mm Patermahlen

Mother's Maiden Name

Magie Haller

Cause of

Primary

How long sick

Death

Immediate

Peritonitis

Accident, Suicide, Homicide

Reported by

J. L. M. Brown

Address

Pleasant Valley Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name
in
Full

Anna Hubbard Watts

CERTIFICATE OF DEATH

4/16

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Leann</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>Oct.</i> ^{Month}	<i>9</i> ^{Day}	<i>40</i> ^{Years}	<i>6</i> ^{Months}	<i>17</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Greensboro, Ind.</i>		
Occupation <i>House</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Richard Watts</i>			
Father's Name <i>Thomas R. Hubbard</i>			Father's Birthplace <i>Coates Co, Ind.</i>		
Mother's Maiden Name <i>Josephine Mason Watson</i>			Mother's Birthplace <i>Bridgeton, Del.</i>		
Name of person giving Information <i>Portland Watts</i>			How related to deceased <i>Widow</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>One week</i>
Immediate <i>Pleura Pneumonia</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Gas. H. Bellinger</i>
	Address <i>Westminster, Md.</i>
Accident or Suicide? <i>No</i>	

Chesterton
Kent Co

Certificate of Death

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full420
Teresia Yelamick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190	8	Month	Oct	Day	16
Age		Years		Months	Days
85-					1
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Married, Single or Widowed		Occupation		Birth-place	
<i>Widow</i>				<i>Germany</i>	
Name of Wife Husband <i>Francis Yelamick</i>					
Father's Name <i>Don't Know</i>				Father's Birthplace	
Mother's Maiden Name <i>Don't Know</i>				Mother's Birthplace	
Name of person giving information <i>Francis Yelamick</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	
Immediate	<i>" "</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address	<i>Westminster Md</i>
Accident or Suicide?			



Name
in
Full

Nora Birtom Gingling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster ^{County} Carroll MARYLAND

Date of death 1903 ^{Month} Oct ^{Day} 14 Age ^{Years} 28 ^{Months} 4 ^{Days} 21

Sex Female Color or Race White Birth-place Maryland

Married, Single or Widowed Married Occupation

Name of ~~Wife or~~ Husband Harry M. Gingling

Father's Name Noah Birtom Father's Birthplace Delaware

Mother's Maiden Name Laura Stall Mother's Birthplace Maryland

Name of person giving information Harry M. Gingling How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis How long One year

Immediate Tubercular Pneumonia How long 9 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Wm. D. Wells M.D.

Address Westminster

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Rebecca Gingling

Town

County

MARYLAND

Died at Westminister

Date

of death

Month

Day

Age

Years

Months

Days

1903 Oct

26th

71

11

4

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House Wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of ~~W~~
Husband

Noah Gingling

Father's
Name

Samuel Myers

Father's
Birthplace

Maryland

Mother's
Maiden Name

Not Known

Mother's
BirthplaceName of person giving
Information

George Gingling

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

6 days

Immediate

How long

6 "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. C. Woodward M.D.

Westminster
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Westminster Church

Shorner